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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| SOUTHERN DISTRICT OF IOWA | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Steven First name C Middle name Keys Last name and Suffix (Sr., Jr., II, III) | Norma First name J Middle name Keys Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8288 | xxx-xx-3580 |

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Debtor 1 Steven C Keys Debtor 2 Norma J Keys

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 210 S 9th St | If Debtor 2 lives at a different address: |
| | | Marshalltown, IA 50158 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Marshall County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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| | otor 1 otor 2 | Steven C Keys Norma J Keys | | | Docar | 3 | Case number (if known) | |
|-----|------------------------|---|------------|------------------------------------|---|---|--|----------------|
| Par | t 2: | Tell the Court About | Your Bank | ruptcy C | ase | | | |
| 7. | The Banl | chapter of the kruptcy Code you are | Check on | e. (For a | brief description of | of each, see <i>Notice Required by</i> page 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Ba | ankruptcy |
| | choo | sing to file under | ■ Chapt | er 7 | | | | |
| | | | ☐ Chapt | er 11 | | | | |
| | | | ☐ Chapt | er 12 | | | | |
| | | | ☐ Chapt | er 13 | | | | |
| 8. | How | you will pay the fee | abo ord | out how ye er. If you | ou may pay. Typi | cally, if you are paying the fee yo | with the clerk's office in your local court for rurself, you may pay with cash, cashier's checulf, your attorney may pay with a credit card of | k, or money |
| | | | | | | allments. If you choose this optice (Official Form 103A). | n, sign and attach the Application for Individu | als to Pay |
| | | | ☐ I re | quest the is not recolles to yo | at my fee be wai quired to, waive y our family size and | ved (You may request this option our fee, and may do so only if you do you are unable to pay the fee in | only if you are filing for Chapter 7. By law, a ur income is less than 150% of the official pov- installments). If you choose this option, you i ial Form 103B) and file it with your petition. | erty line that |
| k | | | | | | | | |
| | | ruptcy within the 8 years? | ☐ Yes. | | | | | |
| | | | | District | | When | Case number | |
| | | | | District | | When | Case number | |
| | | | | District | | When | Case number | |
| 10. | Are | any bankruptcy | ■ No | | | | | |
| | filed not f you, | s pending or being by a spouse who is iling this case with or by a business ner, or by an ate? | ☐ Yes. | | | | | |
| | | | | Debtor | | | Relationship to you | |
| | | | | District | | When | Case number, if known | |
| | | | | Debtor | | | Relationship to you | |
| | | | | District | | When | Case number, if known | |
| 11. | | ou rent your lence? | ■ No. | Go to | line 12. | | | |
| | 1631 | .0.106 : | ☐ Yes. | Has y | our landlord obtai | ned an eviction judgment agains | you? | |
| | | | | | No. Go to line 1 | 2. | | |
| | | | | | Yes. Fill out <i>Init</i> | | ludgment Against You (Form 101A) and file it | as part of |

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Steven C Keys
Norma I Keys
Case number (if known)

| | otor 1 Steven C Keys otor 2 Norma J Keys | | | Case number (if known) | | | |
|---|--|---|---|---|--|--|--|
| | | | | | | | |
| Par | Report About Any Bu | sinesses | You Own as a Sole Proprie | tor | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | |
| | | ☐ Yes. | Name and location of bus | siness | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, Sta | te & ZIP Code | | | |
| | it to this petition. | | Check the appropriate bo | ox to describe your business: | | | |
| | | | ☐ Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | | | |
| ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | | | | | |
| | | | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | |
| | | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | | |
| | | | ☐ None of the above | e | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate ines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of tions, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure U.S.C. 1116(1)(B). | | | | |
| | For a definition of small | ■ No. | I am not filing under Chap | oter 11. | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter Code. | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | |
| | | ☐ Yes. | I am filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| Par | t 4: Report if You Own or | Have Any | / Hazardous Property or An | y Property That Needs Immediate Attention | | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat of imminent and | ☐ Yes. | What is the hazard? | | | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs | | If immediate attention is | | | | |
| | immediate attention? | | needed, why is it needed? | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | | | |
| | | | | Number, Street, City, State & Zip Code | | | |
| | | | | | | | |

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Debtor 1 Steven C Keys Debtor 2 Norma J Keys

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-02231-als7 Doc 1 Filed 10/11/18 Entered 10/11/18 08:46:19 Desc Main Document Page 6 of 51

| | tor 1 tor 2 | Steven C Keys Norma J Keys | | Boodinent | Case num | nber (if known) | | |
|--------------|----------------|--|-------------------------|------------------------------------|--|---|--|--|
| Part | t 6: | Answer These Questi | ons for Rep | orting Purposes | | | | |
| | Wha | t kind of debts do have? | 16a. A | | | defined in 11 U.S.C. § 101(8) as "incurred by an | | |
| | • | | | ☐ No. Go to line 16b. | | | | |
| | | | • | Yes. Go to line 17. | | | | |
| | | | | | ss debts? Business debts are debts or through the operation of the b | | | |
| | | | | No. Go to line 16c. | | | | |
| | | | | Yes. Go to line 17. | | | | |
| | | | 16c. S | tate the type of debts you owe the | at are not consumer debts or busi | ness debts | | |
| 17. | | you filing under oter 7? | □ No. I | am not filing under Chapter 7. Go | to line 18. | | | |
| | after | ou estimate that any exempt erty is excluded and | | | u estimate that after any exempt p e to distribute to unsecured credito | roperty is excluded and administrative expenses ors? | | |
| | | administrative expenses are paid that funds will | • | No | | | | |
| be a dist | | e available for stribution to unsecured editors? | |] Yes | | | | |
| 18. | | How many Creditors do you estimate that you owe? | 1 -49 | | 1 ,000-5,000 | 2 5,001-50,000 | | |
| | - | | □ 50-99 | | □ 5001-10,000 □ 10,001-25,000 | □ 50,001-100,000 | | |
| | | | ☐ 100-199 ☐ 200-999 | | 10,001-25,000 | ☐ More than100,000 | | |
| 19. | | much do you | □ \$0 - \$50 | ,000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | | nate your assets to orth? | \$50,001 | | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | |
| | | | | 1 - \$500,000 1 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | |
| 20. | | much do you | □ \$0 - \$50 | | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | to be | nate your liabilities e? | _ ` ` | - \$100,000 4 \$500,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | |
| | | | | 1 - \$500,000 1 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | |
| Part | t 7 : | Sign Below | | | | | | |
| For | you | | I have exan | | under penalty of perjury that the inf | formation provided is true and correct. | | |
| | | | | | | ole, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7. | | |
| | | | | | y or agree to pay someone who is ce required by 11 U.S.C. § 342(b). | not an attorney to help me fill out this | | |
| | | | I request re | lief in accordance with the chapte | er of title 11, United States Code, s | specified in this petition. | | |
| | | | | | | ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | |
| | | | /s/ Steven | | /s/ Norma J K | | | |
| | | | Steven C Signature o | | Norma J Keys Signature of Del | | | |
| | | | Executed o | October 10, 2018 MM / DD / YYYY | | October 10, 2018 MM / DD / YYYY | | |

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| Debtor 1 | Steven C Keys |
|----------|---------------|
| Debtor 2 | Norma J Kevs |

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Sean K. Heitmann Signature of Attorney for Debtor | Date | October 10, 2018 MM / DD / YYYY |
|--|---------------|------------------------------------|
| Sean K. Heitmann AT0003439 Printed name | | |
| Moore McKibben Goodman & Lorenz LLP | | |
| 26 South First Avenue, Ste 302 Marshalltown, IA 50158 | | |
| Number, Street, City, State & ZIP Code Contact phone (641) 752-4271 | Email address | sheitmann@marshalltownlaw.com |
| AT0003439 IA | | |

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| | | Docum | eni Paue o oi si | |
|---------------------|--------------------------|-------------------|------------------|-----------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Steven C Keys | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Norma J Keys | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | SOUTHERN DISTRICT | OF IOWA | |
| Case number _ | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | Vour a | |
|--|---|---|
| | | ssets of what you own |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 108,070.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 24,869.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 132,939.00 |
| t 2: Summarize Your Liabilities | | |
| | | iabilities nt you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 112,292.07 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 26,033.55 |
| Your total liabilities | \$ | 138,325.62 |
| t3: Summarize Your Income and Expenses | | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,236.62 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,071.50 |
| 4: Answer These Questions for Administrative and Statistical Records | | |
| Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sc | hedules. |
| ■ Yes What kind of debt do you have? | | |
| t | 1c. Copy line 63, Total of all property on Schedule A/B | 1c. Copy line 63, Total of all property on Schedule A/B |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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| Debtor 1 | Steven C Keys | Document | Page 9 01 51 | |
|----------|---------------|----------|------------------------|--|
| | Norma J Keys | | Case number (if known) | |

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,220.28

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tot | al claim |
|--|-----|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Case | 18-02231- | als/ Doc 1 | | ea 10/11 :ument | ./18 Entered 1 Page 10 of 5 | | /18 08:4 | 46:19 L | Jesc IV | 1ain |
|----------------------------|---|---------------------------------|------------------------------|------------|---------------------------|--|-----------|--------------|---|-------------|-----------------------------------|
| Fill | in this inform | nation to identif | y your case and th | | | 1 800 10 01 3 | | | | | |
| Deb | otor 1 | Steven C K | | e Name | | Last Name | | | | | |
| | otor 2 use, if filing) | Norma J Ke | <u> </u> | e Name | | Last Name | | | | | |
| Unit | ted States Bar | nkruptcy Court fo | or the: SOUTHER | N DIST | RICT OF IO | WA | | | | | |
| Cas | se number | | | | | _ | | | | | eck if this is an ended filing |
| SC n ea hink nfor | chedule ch category, se tit fits best. Be | as complete and space is needed | roperty describe items. List | le. If two | married peop | f an asset fits in more th ple are filing together, bo the top of any additional | oth are e | qually respo | onsible for su | pplying co | orrect |
| Part | 1: Describe | Each Residence, I | Building, Land, or Ot | her Real | Estate You C | Own or Have an Interest | In | | | | |
| . De | o you own or h | ave any legal or e | equitable interest in a | any resid | ence, buildin | g, land, or similar prope | erty? | | | | |
| | No. Go to Part | 2. | | | | | | | | | |
| | Yes. Where is | the property? | | | | | | | | | |
| | | | | | | | | | | | |
| 1.1 | 210 S 9th 5 | 24 | | What | | rty? Check all that apply | | | | | |
| | | f available, or other de | escription | | • | y home ulti-unit building m or cooperative | | the amount | uct secured cla of any secured /ho Have Clain | d claims or | Schedule D: |
| | Marshallto | | 50158-0000 | | Land | ed or mobile home | | Current val | erty? | | value of the you own? |
| | City | State | ZIP Code | | Investment p Timeshare | property | - | \$6 | 0,070.00 | | \$60,070.00 |
| | | | | | Other | | | (such as fe | | | ship interest e entireties, or |
| | | | | Who | | est in the property? Check Iv | k one | Fee simp | e), if known. ole | | |
| | Marshall | | | | | • | | | | | |
| | County | | | = | Debtor 1 and | d Debtor 2 only | | □ Check | if this is com | munity pr | operty |
| | | | | | | of the debtors and another | | (see ins | tructions) | , , | . , |
| | | | | | | | | | | | |

property identification number:

Official Form 106A/B Schedule A/B: Property page 1

| Debt | | (eys | | | | | Case numb | · / | |
|--|--|--|---|--|---|---|---|--|--|
| | If you own or ha | ve more | than one. list | here: | | | | | |
| 1.2 | , | | | | is the pr | operty? Check all that apply | | | |
| _ | 614 W Linn St | | | _ | Single-fa | amily home | Do n | ot deduct secured c | laims or exemptions. Put |
| | Street address, if available | e, or other de | scription | | Duplex | or multi-unit building | | | ed claims on Schedule D: ims Secured by Property. |
| | | | | _ | Condon | ninium or cooperative | 0/60 | inois vino Have Ola | iins Secured by Froperty. |
| | | | | | | | | | |
| | | | | Ц | | ctured or mobile home | Curr | ent value of the | Current value of the |
| - | Marshalltown | IA | 50158-0000 | _ 🖳 | Land | | entir | re property? | portion you own? |
| | City | State | ZIP Code | | | ent property | | \$48,000.00 | \$48,000.00 |
| | | | | | Timesha | Rental Property | Desc | cribe the nature of | your ownership interest |
| | | | | | Other | | (suc | h as fee simple, tei | nancy by the entireties, o |
| | | | | _ | | terest in the property? Chec | k one a IIIE | e estate), if known. | |
| | Marshall | | | | | | | | |
| - | County | | | | Debtor 2 | · | | | |
| | County | | | | | 1 and Debtor 2 only | П | Check if this is con | mmunity property |
| | | | | 041 | | one of the debtors and anoth | | (see instructions) | |
| | | | | | | tion you wish to add about t ification number: | tnis item, suci | n as local | |
| | | | | ргор | orty idonic | modilen namber. | | | |
| Part 2 | Describe Your Ve | hicles ave legal | or equitable in | erest in a | ny vehic | cles, whether they are re | gistered or r | not? Include any v | \$108,070.00 |
| Part 2 | Describe Your Ve | ave legal ou lease a | or equitable into vehicle, also re | erest in a | ny vehic Schedule | | gistered or r | not? Include any v | |
| Part 2 | Describe Your Ve ou own, lease, or hone else drives. If yours, vans, trucks, tr | ave legal ou lease a | or equitable into vehicle, also re | erest in a | ny vehic Schedule | eles, whether they are re | gistered or r | not? Include any v | |
| Part 2 Oo yo ome . Ca | Describe Your Ve ou own, lease, or hone else drives. If yours, vans, trucks, tr | ave legal ou lease a | or equitable into vehicle, also re | erest in a | ny vehic Schedule | eles, whether they are re | gistered or r | not? Include any v | |
| Part 2 Oo yo ome . Ca | Describe Your Verbu own, lease, or hone else drives. If yours, vans, trucks, trucks | ave legal ou lease a | or equitable into vehicle, also re | erest in a | ny vehic Schedule | eles, whether they are re | gistered or r | not? Include any v | |
| Part 2 Oo yo ome . Ca | Describe Your Verbu own, lease, or hone else drives. If yours, vans, trucks, trucks | nicles ave legal ou lease a actors, si | or equitable into vehicle, also re | erest in a port it on S cles, moto | ny vehic Schedule Prcycles | eles, whether they are re | gistered or r | not? Include any vid Leases. | vehicles you own that |
| Part 2 Oo yo ome . Ca | Describe Your Verbu own, lease, or hone else drives. If yours, vans, trucks, trucks, trucks | nicles ave legal bu lease a actors, sp | or equitable into vehicle, also re | erest in a port it on S cles, moto | ny vehic schedule rcycles | cles, whether they are reg | gistered or r | not? Include any vid Leases. | vehicles you own that |
| Part 2 Oo yo ome . Ca | Describe Your Verbu own, lease, or hone else drives. If yours, vans, trucks, trucks, trucks No Yes Make: Subaru | nicles ave legal bu lease a actors, sp | or equitable into vehicle, also re | erest in a port it on Scles, moto | ny vehic schedule orcycles n interes: | cles, whether they are reg | gistered or r | not? Include any vid Leases. not deduct secured camount of any secured ditors Who Have Cla | vehicles you own that claims or exemptions. Put red claims on Schedule D: tims Secured by Property. |
| Part 2 Oo yo ome . Ca | Describe Your Verbu own, lease, or hone else drives. If yours, vans, trucks, trucks, trucks Make: Make: Model: Subaru Forest | hicles ave legal ou lease a actors, sp | or equitable into vehicle, also re | who has a | ny vehic Schedule orcycles n interes 1 only 2 only | cles, whether they are reg | gistered or r and Unexpired Do r the a Cree | not? Include any vid Leases. | vehicles you own that |
| Part 2 Oo yo ome | Describe Your Verbu own, lease, or hone else drives. If yours, vans, trucks, trucks, trucks Make: Model: Year: Describe Your Verbu or No Subaru Forest 2011 | hicles ave legal ou lease a actors, sp | or equitable into vehicle, also re | who has a Debtor Debtor Debtor | ny vehic Schedule orcycles n interes: 1 only 2 only 1 and Deb | cles, whether they are regarders. G: Executory Contracts a | gistered or r and Unexpired Do r the a Cree | not? Include any variable and v | claims or exemptions. Put red claims on Schedule D: aims Secured by Property. Current value of the |
| Part 2 Oo yo ome | Describe Your Verbus own, lease, or hone else drives. If your verbus own, lease, or hone else drives. If your verbus own, trucks, truc | ave legal bu lease a actors, sp | or equitable into vehicle, also re | who has a Debtor Debtor At least | ny vehic Schedule rcycles n interes 1 only 2 only 1 and Deb one of the | cles, whether they are regarders, whether they are regarders. It in the property? Check one of the control of | gistered or r and Unexpired Do r the a Cree | not? Include any value and value and value and value and value of the re property? | claims or exemptions. Put red claims on Schedule D: edims Secured by Property. Current value of the portion you own? |
| Part 2 Oo yo ome . Ca | Describe Your Verbus own, lease, or hone else drives. If your verbus own, lease, or hone else drives. If your verbus own, trucks, truc | ave legal bu lease a actors, sp | or equitable into vehicle, also re | who has a Debtor Debtor At least | ny vehic Schedule orcycles n interes: 1 only 2 only 1 and Deb one of the | cles, whether they are regarders. Executory Contracts a tin the property? Check one otor 2 only | gistered or r and Unexpired Do r the a Cree | not? Include any variable and v | claims or exemptions. Put red claims on Schedule D: aims Secured by Property. Current value of the |
| Part 2 Oo yo ome | Describe Your Verbus own, lease, or hone else drives. If your verbus own, lease, or hone else drives. If your verbus own, trucks, truc | ave legal bu lease a actors, sp | or equitable into vehicle, also re | who has a Debtor Debtor At least | ny vehic Schedule rcycles n interes 1 only 2 only 1 and Deb one of the | cles, whether they are regarders, whether they are regarders. It in the property? Check one of the control of | gistered or r and Unexpired Do r the a Cree | not? Include any value and value and value and value and value of the re property? | claims or exemptions. Put red claims on Schedule D: edims Secured by Property. Current value of the portion you own? |
| Part 2 Do ycoome . Ca | Describe Your Verbu own, lease, or hone else drives. If yours, vans, trucks, trucks, trucks, trucks. Make: Subaru Forest Year: 2011 Approximate mileag Other information: Location: 210 Subaru Marshalltown I. | ave legal ou lease a actors, sp er e: 6 9th St, A 50158 | or equitable into vehicle, also re | who has a Debtor Debtor At least Check (see inst | ny vehic Schedule orcycles n interes 1 only 2 only 1 and Deb one of the fif this is or | t in the property? Check one otor 2 only e debtors and another community property | gistered or r | not? Include any vid Leases. not deduct secured of amount of any secure ditors Who Have Clarent value of the re property? | claims or exemptions. Put red claims on Schedule D: edims Secured by Property. Current value of the portion you own? |
| Part 2 Oo yo ome | Describe Your Verbu own, lease, or hone else drives. If yours, vans, trucks, t | ave legal ou lease a actors, sp er e: 6 9th St, A 50158 | or equitable into vehicle, also re | Who has a Debtor Debtor At least Check (see inst | ny vehic Schedule orcycles n interes: 1 only 2 only 1 and Debone of the if this is c ructions) | cles, whether they are regarders, whether they are regarders. It in the property? Check one of the control of | gistered or r and Unexpired Do r the a Cree Curr enti | not? Include any variable and v | claims or exemptions. Put ted claims on Schedule D: hims Secured by Property. Current value of the portion you own? \$11,952.00 |
| Part 2 Do ycoome . Ca | Describe Your Verbu own, lease, or hone else drives. If yours, vans, trucks, t | ave legal ou lease a actors, sp er e: 6 9th St, A 50158 | or equitable into vehicle, also re | who has a Debtor Debtor At least (see inst | ny vehic Schedule orcycles n interes: 1 only 2 only 1 and Deb one of the fif this is c ructions) | t in the property? Check one otor 2 only e debtors and another community property | Do r the a Cree | not? Include any vid Leases. Include any secured of the reproperty? \$11,952.00 Include any vid Leases. Include any vid Leases. Include any vid Leases. Include any secured any secured any secured any secured differs Who Have Claudions. | claims or exemptions. Put red claims on Schedule Draims Secured by Property. Current value of the portion you own? \$11,952.00 |
| Part 2 Do ycoome . Ca | Describe Your Verbus on one else drives. If yours, vans, trucks, truck | ave legal bu lease a actors, sp er e: 6 9th St, A 50158 | or equitable into vehicle, also report utility vehicle. | Who has a Debtor At least (see inst | ny vehic schedule rcycles n interes 1 only 2 only 1 and Deb one of the if this is c ructions) n interes 1 only 2 only | cles, whether they are regarders. Executory Contracts and the property? Check one of the community property. | Do r the a Crec | not? Include any vid Leases. not deduct secured of amount of any secured for the reproperty? \$11,952.00 not deduct secured of amount of any secured for the reproperty? | claims or exemptions. Put led claims on Schedule Diaims Secured by Property. Current value of the portion you own? \$11,952.00 Claims or exemptions. Put led claims on Schedule Diaims Secured by Property. Current value of the |
| Part 2 Do ycoome . Ca | Describe Your Verbu own, lease, or hone else drives. If yours, vans, trucks, t | ave legal bu lease a actors, sp er e: 6 9th St, A 50158 | or equitable into vehicle, also re | Who has a Debtor At least Who has a Debtor Debtor Debtor Debtor Debtor Debtor | ny vehic Schedule rcycles n interes: 1 only 2 only 1 and Deb if this is c ructions) n interes: 1 only 2 only 1 and Deb | cles, whether they are regarders, whether they are regarders. Executory Contracts and the contracts and another community property. It in the property? Check one of the community property. | Do r the a Crec | not? Include any vid Leases. Include any secured of the reproperty? \$11,952.00 Include any vid Leases. Include any vid Leases. Include any vid Leases. Include any secured any secured any secured any secured differs Who Have Claudions. | claims or exemptions. Put red claims on Schedule Draims Secured by Property. Current value of the portion you own? \$11,952.00 |
| Part 2 Do ycoome . Ca | Describe Your Verbu own, lease, or hone else drives. If yours, vans, trucks, t | ave legal pu lease a actors, sp er e: 6 9th St, A 50158 | or equitable into vehicle, also report utility vehicle. | Who has a Debtor At least Who has a Debtor Debtor Debtor Debtor Debtor Debtor | ny vehic Schedule rcycles n interes: 1 only 2 only 1 and Deb if this is c ructions) n interes: 1 only 2 only 1 and Deb | cles, whether they are regarders. Executory Contracts and the property? Check one of the community property. | Do r the a Crec | not? Include any vid Leases. not deduct secured of amount of any secured for the reproperty? \$11,952.00 not deduct secured of amount of any secured for the reproperty? | claims or exemptions. Put led claims on Schedule Diaims Secured by Property. Current value of the portion you own? \$11,952.00 Claims or exemptions. Put led claims on Schedule Diaims Secured by Property. Current value of the |
| Part : Pa | Describe Your Verbu own, lease, or hone else drives. If yours, vans, trucks, t | ave legal pu lease a actors, specific section in the section is actors. Section is actors and section is actors. A 50158 | or equitable into vehicle, also report utility vehicle. | Who has a Debtor Debtor At least Who has a Debtor Debtor At least Check See inst | ny vehic Schedule orcycles n interes: 1 only 2 only 1 and Deb one of the ructions) n interes: 1 only 2 only 1 and Deb one of the | cles, whether they are regarders, whether they are regarders. Executory Contracts and the contracts and another community property. It in the property? Check one of the community property. | Do r the a Crec | not? Include any vid Leases. not deduct secured of amount of any secured for the reproperty? \$11,952.00 not deduct secured of amount of any secured for the reproperty? | claims or exemptions. Put led claims on Schedule Diaims Secured by Property. Current value of the portion you own? \$11,952.00 Claims or exemptions. Put led claims on Schedule Diaims Secured by Property. Current value of the |

Official Form 106A/B Schedule A/B: Property page 2

| | 0. 0.16 | Document | Page 12 of 51 | |
|-------------------------------------|--|---|--|---|
| Debtor 1 Debtor 2 | Steven C Key Norma J Key | | Case number | (if known) |
| | aft, aircraft, mot | or homes, ATVs and other recreational ve motors, personal watercraft, fishing vessels, | - | ies |
| ■ No | | | | |
| ☐ Yes | | | | |
| - 100 | | | | |
| | | the portion you own for all of your entries d for Part 2. Write that number here | | |
| Part 3: De | scribe Your Perso | nal and Household Items | | |
| · | · | egal or equitable interest in any of the follo | owing items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | old goods and follows: Major applian | urnishings ces, furniture, linens, china, kitchenware | | |
| □ No | | | | |
| Yes. | Describe | | | |
| | | Stove, 2 refrigerators, dishwasher, is sets, dining room set, coffee table, of freezer, desk and miscellaneous ho Location: 210 S 9th St, Marshalltow | end table, washer, dryer, usehold goods and furnishings | \$3,500.00 |
| | | Location. 210 3 9th 3t, Marshalltow | ITIA 30130 | |
| □ No | es: Televisions ar | nd radios; audio, video, stereo, and digital eq phones, cameras, media players, games | uipment; computers, printers, scanners | s; music collections; electronic devices |
| | | 3 TV's Location: 210 S 9th St, Marshalltow | n IA 50158 | \$250.00 |
| Example ■ No | | figurines; paintings, prints, or other artwork; lons, memorabilia, collectibles | pooks, pictures, or other art objects; sta | amp, coin, or baseball card collections; |
| | ent for sports ar les: Sports, photog musical instru | graphic, exercise, and other hobby equipmer | nt; bicycles, pool tables, golf clubs, skis | ; canoes and kayaks; carpentry tools; |
| | Describe | | | |
| 10. Firearr <i>Exam</i> p | | , shotguns, ammunition, and related equipme | ent | |
| ■ No □ Yes. | Describe | | | |
| □ No | oles: Everyday clo | othes, furs, leather coats, designer wear, sho | es, accessories | |
| ■ Yes. | Describe | | | |
| | | Men's and women's clothing Location: 210 S 9th St, Marshalltow | n IA 50158 | \$1,000.00 |

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Official Form 106A/B Schedule A/B: Property page 3

Case 18-02231-als7 Doc 1 Filed 10/11/18 Entered 10/11/18 08:46:19 Desc Main Page 13 of 51 Document Debtor 1 Steven C Keys Norma J Keys Debtor 2 Case number (if known) 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... Wedding rings \$2,600.00 Location: 210 S 9th St, Marshalltown IA 50158 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... \$0.00 2 cats 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$7,350.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... 17.1. Checking **Lennox Employee Credit Union** \$1,200,00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

■ No

☐ Yes. Give specific information about them

Issuer name:

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| | ebtor 1 ebtor 2 | Norma . | • | | | Case numb | oer (if known) | |
|-----|-----------------------|----------------------------|--|-----------------------------------|--|--|----------------------------|---|
| 21. | | | nsion accounts ets in IRA, ERISA | | 903(b), thrift savings | accounts, or other pension or p | rofit-sharing plans | |
| | ☐ Yes. L | ist each a | ccount separatel Type of | y. account: | Institution na | me: | | |
| 22. | Your sh | are of all ι | | you have made so | | nue service or use from a compric, gas, water), telecommunicat | | |
| | | | | | Institution nar | me or individual: | | |
| 23. | _ | es (A conti | ract for a periodic | c payment of mone | ey to you, either for li | ife or for a number of years) | | |
| | ■ No □ Yes | | Issuer name | and description. | | | | |
| 24. | 26 U.S.C | s in an edu 5. §§ 530(b | ucation IRA, in a)(1), 529A(b), ar | an account in a quant 529(b)(1). | ualified ABLE prog | ram, or under a qualified stat | e tuition program. | |
| | ■ No □ Yes | | Institution na | me and descriptior | n. Separately file the | records of any interests.11 U.S | S.C. § 521(c): | |
| 25. | Trusts, | equitable | or future intere | sts in property (o | ther than anything | listed in line 1), and rights or | powers exercisable for yo | our benefit |
| | ☐ Yes. (| Give speci | fic information al | oout them | | | | |
| | Exampl ■ No | es: Interne | et domain names | , websites, procee | nd other intellectual ds from royalties and | I property d licensing agreements | | |
| | | · | fic information al | oout tnem general intangible | es | | | |
| | Exampl ■ No | es: Buildin | g permits, exclus | sive licenses, coop | | holdings, liquor licenses, profes | sional licenses | |
| | ☐ Yes. (| Give speci | fic information at | oout them | | | | |
| M | oney or p | roperty o | wed to you? | | | | portion y Do not de | value of the vou own? educt secured exemptions. |
| 28. | | ınds owed | d to you | | | | | |
| | ■ No □ Yes. 0 | Give specif | ic information ab | out them, including | g whether you alread | dy filed the returns and the tax y | /ears | |
| 29. | Family s Example ■ No | | ue or lump sum a | alimony, spousal si | upport, child support | t, maintenance, divorce settlem | ent, property settlement | |
| | | Give specif | ic information | | | | | |
| | Exampl _ | es: Unpaid | | | | its, sick pay, vacation pay, wor | kers' compensation, Social | Security |
| | ■ No □ Yes. • | Give speci | fic information | | | | | |
| | | | ance policies , disability, or life | insurance; health | savings account (HS | SA); credit, homeowner's, or re | nter's insurance | |
| | ■ Yes. N | lame the i | | ny of each policy a pany name: | and list its value. | Beneficiary: | Surrend | er or refund |

Official Form 106A/B Schedule A/B: Property page 5

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| Debtor 1 Debtor 2 | Steven C Keys Norma J Keys | Case number (if known) | |
|---------------------------|---|--|-----------------------|
| | State Farm | Norma Keys | \$0.00 |
| | State Farm | Steven Keys | \$0.00 |
| If you somed | sterest in property that is due you from someone who hare the beneficiary of a living trust, expect proceeds from a one has died. | as died life insurance policy, or are currently entitled to rec | eive property because |
| ⊔ Yes. | Give specific information | | |
| Exam _i ■ No | s against third parties, whether or not you have filed a liples: Accidents, employment disputes, insurance claims, or Describe each claim | | |
| ■ No | contingent and unliquidated claims of every nature, inc | cluding counterclaims of the debtor and rights to | o set off claims |
| ■ No | nancial assets you did not already list Give specific information | | |
| | the dollar value of all of your entries from Part 4, includer art 4. Write that number here | | \$1,200.00 |
| Part 5: De | escribe Any Business-Related Property You Own or Have an Ind | terest In. List any real estate in Part 1. | |
| - | own or have any legal or equitable interest in any business-rel | ated property? | |
| No. Go | o to Part 6. | | |
| ☐ Yes. (| Go to line 38. | | |
| | escribe Any Farm- and Commercial Fishing-Related Property Yo you own or have an interest in farmland, list it in Part 1. | ou Own or Have an Interest In. | |
| 46. Do yo ı | u own or have any legal or equitable interest in any farr | m- or commercial fishing-related property? | |
| ■ No. | . Go to Part 7. | | |
| ☐ Yes | s. Go to line 47. | | |
| Part 7: | Describe All Property You Own or Have an Interest in That Y | ou Did Not List Above | |
| Exam _i ■ No | u have other property of any kind you did not already list ples: Season tickets, country club membership Give specific information | st? | |
| | | | |

Official Form 106A/B Schedule A/B: Property page 6

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Steven C Keys Debtor 1 Debtor 2 Norma J Keys Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$108,070.00 Part 2: Total vehicles, line 5 56. \$16,319.00 Part 3: Total personal and household items, line 15 \$7,350.00 57. 58. Part 4: Total financial assets, line 36 \$1,200.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$24,869.00 Copy personal property total \$24,869.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$132,939.00

Official Form 106A/B Schedule A/B: Property page 7

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| Fill in this infor | | | | | |
|---------------------|--------------------------|-------------------|-----------|---|--------------------------------------|
| Debtor 1 | Steven C Keys | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Norma J Keys | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | SOUTHERN DISTRICT | OF IOWA | | |
| Case number | | | | _ | 7 Object (Chicalian |
| (if known) | | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exemp |
|--|
|--|

| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| | ■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | |
| | ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | |
| 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | |
| | Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption | | | | | | | |

| \$60,070.00 100% of fair market value, up to any applicable statutory limit \$7,000.00 | lowa Code §§ 561.2, 561.16 499A.18 |
|--|--|
| 100% of fair market value, up to any applicable statutory limit | 499A.18 |
| any applicable statutory limit | |
| \$7,000.00 | |
| | lowa Code § 627.6(9) |
| ☐ 100% of fair market value, up to any applicable statutory limit | |
| \$4,367.00 | lowa Code § 627.6(9) |
| ☐ 100% of fair market value, up to any applicable statutory limit | |
| \$3,500.00 | lowa Code § 627.6(5) |
| □ 100% of fair market value, up to any applicable statutory limit | |
| | any applicable statutory limit \$3,500.00 100% of fair market value, up to |

| | orma J Keys | | | Case number (if known) | <u> </u> | |
|--|---|--------------------------------------|----|---|------------------------------------|--|
| | cription of the property and line on A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | |
| , | | Copy the value from Schedule A/B | | | | |
| 3 TV's Locatio | n: 210 S 9th St, Marshalltown | \$250.00 | | \$250.00 | lowa Code § 627.6(5) | |
| IA 5015 | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | and women's clothing on: 210 S 9th St, Marshalltown | \$1,000.00 | • | \$1,000.00 | lowa Code § 627.6(5) | |
| IA 5015 | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | ng rings on: 210 S 9th St, Marshalltown | \$2,600.00 | | \$2,600.00 | Iowa Code § 627.6(1)(a) | |
| IA 5015 | | | | 100% of fair market value, up to any applicable statutory limit | | |
| Checkir Union | ng: Lennox Employee Credit | \$1,200.00 | | \$1,200.00 | lowa Code § 627.6(14) | |
| - | n Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| State Fa | | \$0.00 | | \$0.00 | lowa Code §627.6(6) | |
| Beneficiary: Norma Keys Line from <i>Schedule A/B</i> : 31.1 | | | | 100% of fair market value, up to any applicable statutory limit | | |
| State Fa | arm :iary: Steven Keys | \$0.00 | | \$0.00 | lowa Code §627.6(6) | |
| Line from Schedule A/B: 31.2 | | | | 100% of fair market value, up to any applicable statutory limit | | |

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| | | Document P | age 19 (| of 51 | | |
|---|--|--|----------------|--|--|-----------------------------------|
| Fill in this info | rmation to identify you | r case: | | | | |
| Debtor 1 | Steven C Keys First Name | Middle Norse | at Nama | | | |
| Dahtar 0 | | Middle Name La | ast Name | | | |
| Debtor 2 (Spouse if, filing) | Norma J Keys First Name | Middle Name La | ast Name | | | |
| (Opened ii, iiiiig) | . not raine | | or riamo | | | |
| United States E | Bankruptcy Court for the: | SOUTHERN DISTRICT OF IOWA | | | | |
| Case number | | | | | ☐ Check | if this is an |
| | | | | | amend | ed filing |
| ~ | | | | | | |
| Official For | <u>m 106D</u> | | | | | |
| Schedule | D: Creditors | Who Have Claims Se | cured | by Property | У | 12/15 |
| is needed, copy to number (if known 1. Do any credito | he Additional Page, fill it on the control of the c | his form to the court with your other sch | nis form. On t | he top of any addition | nal pages, write your na | |
| ■ Yes. Fill | in all of the information b | pelow. | | | | |
| Part 1: List | All Secured Claims | | | | | |
| for each claim. If | more than one creditor has | nore than one secured claim, list the creditor a particular claim, list the other creditors in F cal order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Lennox | Employees | | | | | • |
| Credit U | | Describe the property that secures the o | claim: _ | \$4,045.96 | \$11,952.00 | \$0.00 |
| Marshal Number, Stre | Main Street Itown, IA 50158 eet, City, State & Zip Code debt? Check one. | 2011 Subaru Forester 50000 mi Location: 210 S 9th St, Marshalltown IA 50158 As of the date you file, the claim is: Checapply. ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ☐ Debtor 1 only | | ■ An agreement you made (such as morte | raage or secur | ed | | |
| Debtor 2 only | | car loan) | gago or occar | ou | | |
| ■ Debtor 1 and | Debtor 2 only | ☐ Statutory lien (such as tax lien, mechan | nic's lien) | | | |
| | f the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| _ | claim relates to a | Other (including a right to offset) | | | | |
| Date debt was in | ocurred | Last 4 digits of account number | | | | |
| 2.2 Mr. Coo | per | Describe the property that secures the o | claim: | \$65,621.85 | \$60,070.00 | \$5,551.85 |
| Creditor's Na | | 210 S 9th St Marshalltown, IA 5 | | + + + + + + + + + + + + + + + + + + + | | 40,001100 |
| | | Marshall County | | | | |
| Attn: Cu | stomer Relations | As of the date you file, the claim is: Chec | -111.45 -4 | | | |
| PO Box | | apply. | x all triat | | | |
| Dallas, 1 | TX 75261-9741 | ☐ Contingent | | | | |
| Number, Stre | eet, City, State & Zip Code | Unliquidated | | | | |
| Who ower th- | doht? Cheek one | Disputed | | | | |
| _ | debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | | An agreement you made (such as morte car loan) | gage or secur | ed | | |
| ■ Debtor 1 and | Debtor 2 only | ☐ Statutory lien (such as tax lien, mechan | nic's lien) | | | |
| | f the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| _ | claim relates to a | Other (including a right to offset) | | | | |
| Date debt was in | ncurred | Last 4 digits of account number | | | | |

Official Form 106D

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| Debtor 1 Steven C Keys | | | | Case number (if know) | | |
|------------------------|---|---------------------|--|-----------------------|-------------|--------|
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Norma J Keys | | | | | |
| | First Name | Middle Name | Last Name | | | |
| | | | | | | |
| 2.3 M r. | . Cooper | Describe | the property that secures the claim: | \$42,624.26 | \$48,000.00 | \$0.00 |
| Cred | ditor's Name | | Linn St Marshalltown, IA Marshall County | | | |
| Δtt | n: Customer Relation | | marshan oounty | | | |
| PO | Box 619098 | As of the apply. | date you file, the claim is: Check all the | nat | | |
| Da | llas, TX 75261-9741 | Contin | gent | | | |
| Num | nber, Street, City, State & Zip Co | ode 🔲 Unliqu | idated | | | |
| | | ☐ Disput | ed | | | |
| Who owe | es the debt? Check one. | Nature o | f lien. Check all that apply. | | | |
| ☐ Debtor | • | An agi | reement you made (such as mortgage | or secured | | |
| _ | r 1 and Debtor 2 only | _ | ory lien (such as tax lien, mechanic's lie | en) | | |
| _ | st one of the debtors and ar | _ | nent lien from a lawsuit | 511) | | |
| _ | | , | | | | |
| | if this claim relates to a nunity debt | ☐ Otner | (including a right to offset) | | | |
| Date debt | was incurred | La | st 4 digits of account number | | | |
| | | | | | | |
| Add the | dollar value of your entr | ies in Column A or | n this page. Write that number here: | \$112,292.0 | 7 | |
| | s the last page of your for lat number here: | m, add the dollar v | value totals from all pages. | \$112,292.0 | 7 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| Ouc | 00 10 02201 alor D | Document Page 21 of 51 | Desc main |
|---|---|--|--|
| Fill in this info | ormation to identify your case | | |
| Debtor 1 | Steven C Keys | | |
| | First Name | Middle Name Last Name | |
| Debtor 2 | Norma J Keys | Maria Ma | |
| (Spouse if, filing) | First Name | Middle Name Last Name | |
| United States I | Bankruptcy Court for the: SC | OUTHERN DISTRICT OF IOWA | |
| Case number (if known) | | | Check if this is an amended filing |
| Schedule | | Have Unsecured Claims rt 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY c | 12/15 |
| any executory co Schedule G: Exe Schedule D: Cred left. Attach the C | ontracts or unexpired leases that cutory Contracts and Unexpired I ditors Who Have Claims Secured | could result in a claim. Also list executory contracts on Schedule A/B: Property (Off Leases (Official Form 106G). Do not include any creditors with partially secured clain by Property. If more space is needed, copy the Part you need, fill it out, number the you have no information to report in a Part, do not file that Part. On the top of any ac | ficial Form 106A/B) and on ms that are listed in entries in the boxes on the |
| Part 1: List | All of Your PRIORITY Unsecu | ured Claims | |
| 1. Do any cred | litors have priority unsecured cla | ims against you? | |
| No. Go to | Part 2. | | |
| ☐ Yes. | | | |
| Part 2: List | All of Your NONPRIORITY Ur | nsecured Claims | |
| ☐ No. You | | submit this form to the court with your other schedules. | |
| unsecured c | laim, list the creditor separately for e | in the alphabetical order of the creditor who holds each claim. If a creditor has more each claim. For each claim listed, identify what type of claim it is. Do not list claims already e other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out to | included in Part 1. If more |
| | | | Total claim |
| 4.1 Chase | e | Last 4 digits of account number | \$6,557.43 |
| Cardl PO Bo | urity Creditor's Name Member Services ox 15298 ngton, DE 19850 | When was the debt incurred? | _ |
| Number Who in | Street City State Zlp Code curred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | tor 1 only | ☐ Contingent | |
| _ | tor 2 only | ☐ Unliquidated | |
| Deb | tor 1 and Debtor 2 only | Disputed | |
| ☐ At le | east one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ck if this claim is for a communit | | |
| debt Is the c | laim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did no report as priority claims | ot |
| ■ No | | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | | ■ Other. Specify Consumer Debt | |
| . 00 | | Curior. Opcorry | |

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| | Steven C Keys Norma J Keys | Case number (if know) | |
|-----|---|---|------------|
| 4.2 | Comenity Bank/Victoria's Secret | Last 4 digits of account number 1753 | \$1,620.00 |
| | Nonpriority Creditor's Name Bankruptcy Department PO Box 182125 Columbus, OH 43218-2125 | When was the debt incurred? | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Consumer Debt | |
| 4.3 | Comenity Bank/Younkers | Last 4 digits of account number 4038 | \$5,497.36 |
| | Nonpriority Creditor's Name Bankruptcy Department PO Box 182125 | When was the debt incurred? | |
| | Columbus, OH 43218-2125 | _ | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Consumer Debt | |
| 4.4 | Discover Financial Services, LLC Nonpriority Creditor's Name | Last 4 digits of account number 0979 | \$8,801.99 |
| | P.O. Box 30943 Salt Lake City, UT 84130-0943 | When was the debt incurred? | |
| • | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | | |
| | □ 162 | Other. Specify Consumer Debt | |

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| Debt | or 2 Norma J Keys | Case number (if know) | |
|------|--|---|------------|
| 4.5 | General Service Bureau | Last 4 digits of account number 4612 | \$1,354.00 |
| | Nonpriority Creditor's Name 10303 Crown Point Ave Ste 210 Omaha, NE 68134-1061 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Collecting for UnityPoint Health Marshalltown | |
| 4.6 | lawa Haart | Look A divite of account number | £0.00 |
| 4.6 | Iowa Heart Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| | PO Box 9170 | When was the debt incurred? | |
| | Des Moines, IA 50306-0361 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | | |
| | | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | _ | | |
| | ☐ Yes | Other. Specify Misc. medical services and expenses. | |
| 4.7 | Kohl's | Last 4 digits of account number | \$1,268.52 |
| | Nonpriority Creditor's Name PO Box 3043 | When was the debt incurred? | |
| | Milwaukee, WI 53201-3043 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | 7.6 of the date you me, the olam is. Shook an mat apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Consumer Debt | |
| | | • • — | |

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| Manu Oncolou Mod!! O: | Lock 4 digits of account number | *** |
|--|---|---------------------|
| Mary Greeley Medical Center Nonpriority Creditor's Name | Last 4 digits of account number | \$30.00 |
| P.O. Box 863 | When was the debt incurred? | |
| Ames, IA 50010-0863 | As of the date year file the elements (Charles III that are he | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | Поли | |
| Debtor 2 only | Contingent | |
| _ | Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Misc. medical services and expenses. | |
| AcFarland Clinic | Last 4 digits of account number | \$293.48 |
| lonpriority Creditor's Name | | 7 200.40 |
| I215 Duff Avenue P.O. Box 3014 | When was the debt incurred? | |
| Ames, IA 50010 | | |
| lumber Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | ☐ Student loans | |
| lebt s the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Misc. medical services and expenses. Other. Specify Accounts ending 3456 and 9821 | |
| | Accounts chaing 0400 and 3021 | |
| Merchants Credit Adjstrs | Last 4 digits of account number | \$340.77 |
| Nonpriority Creditor's Name 25 D Bldg 4005 S 148th St | When was the debt incurred? | |
| Omaha, NE 68137-5561 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim is. Oneok all that apply | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ■ Debtor 1 and Debtor 2 only At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Student loans | |
| ☐ Check if this claim is for a community debt s the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| ⊒ Yes | Collecting for CHI-lowa Corp DBA lowa Heart Accounts ending 243, 244,245,246, Other. Specify 247, 248, 249 | |

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| Skiff Medic | | | | | | |
|--|--|--|--------------------------|----------------------|---|-----------------------|
| Jonnriority Cre | | Last 4 digits of account number | | | _ | \$270 |
| 204 N. 4th | editor's Name Avenue E. A 50208-3135 | When was the debt incurred? | - | | | |
| | t City State Zlp Code | As of the date you file, the claim | is: Check | all that ap | oply | |
| | I the debt? Check one. | _ | | | | |
| Debtor 1 or | • | Contingent | | | | |
| Debtor 2 or | • | ☐ Unliquidated | | | | |
| | nd Debtor 2 only | Disputed | | | | |
| | e of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| ☐ Check if th debt | nis claim is for a community | ☐ Student loans | | | P 4 4 P1 | |
| | ubject to offset? | Obligations arising out of a separeport as priority claims | aration ag | reement o | r divorce that you did no | t |
| ■ No | | Debts to pension or profit-sharing | ng plans, | and other | similar debts | |
| □ Yes | | ■ Other Specify Misc. medi | cal ser | vices ai | nd expenses | |
| | | Other. Specify | | | ти охроновог | |
| Unity Poin | t Health | Last 4 digits of account number | | | | \$(|
| Nonpriority Cre 3 South 4tl Marshallto | | When was the debt incurred? | | | _ | _ |
| Number Street | t City State Zlp Code | As of the date you file, the claim | is: Check | all that ap | oply | |
| | I the debt? Check one. | | | | | |
| Debtor 1 or | nly | ☐ Contingent | | | | |
| Debtor 2 or | nly | ☐ Unliquidated | | | | |
| Debtor 1 ar | nd Debtor 2 only | ☐ Disputed | | | | |
| At least one | e of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | nis claim is for a community | Student loans | | | | |
| debt s the claim si | ubject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration ag | reement o | r divorce that you did no | t |
| No | | Debts to pension or profit-sharing | ng plans, | and other | similar debts | |
| ☐ Yes | | Other. Specify Misc. medi | cal ser | vices a | nd expenses. | |
| | | | | | | |
| s page only if | | bout your bankruptcy, for a debt that | | | | |
| a to collect fr | | meone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page. | | | | |
| Add the A | | secured Claim ms. This information is for statistical i | eporting | purposes | | Add the amounts for e |
| Add the Anneaumounts of unsecured cl | f certain types of unsecured clain laim. | ms. This information is for statistical i | | | Total Claim | |
| Add the Ane amounts of unsecured cl | f certain types of unsecured clain laim. | ms. This information is for statistical i | eporting 6a. | purposes | | |
| Add the Ane amounts of unsecured classis. | f certain types of unsecured clain laim. Domestic support obligations | ms. This information is for statistical i | 6a. | \$ | Total Claim 0.0 | 00 |
| Add the Ane amounts of unsecured claims rt 1 6b. | f certain types of unsecured clain laim. Domestic support obligations Taxes and certain other debts | ms. This information is for statistical i | 6a. 6b. | \$ \$ | Total Claim 0.0 | 00 |
| Add the Ane amounts of unsecured cl | f certain types of unsecured clain laim. Domestic support obligations Taxes and certain other debts Claims for death or personal i | ms. This information is for statistical i | 6a. | \$ | Total Claim 0.0 | 00 00 |
| Add the Ane amounts of unsecured claims art 1 6b. 6c. 6d. | f certain types of unsecured claim. Domestic support obligations Taxes and certain other debts Claims for death or personal i Other. Add all other priority uns | you owe the government njury while you were intoxicated ecured claims. Write that amount here. | 6a. 6b. 6c. 6d. | \$ \$ \$ | Total Claim 0.0 0.0 0.0 | 00 00 00 |
| Add the Anne amounts of unsecured claims and 1 6b. 6c. | f certain types of unsecured claim. Domestic support obligations Taxes and certain other debts Claims for death or personal i Other. Add all other priority uns | you owe the government njury while you were intoxicated ecured claims. Write that amount here. | 6a. 6b. 6c. | \$ \$ | Total Claim 0.0 0.0 | 00 00 00 |
| Add the Ane amounts of unsecured classins rt 1 6b. 6c. 6d. | f certain types of unsecured claim. Domestic support obligations Taxes and certain other debts Claims for death or personal i Other. Add all other priority unse | you owe the government njury while you were intoxicated ecured claims. Write that amount here. | 6a. 6b. 6c. 6d. | \$ \$ \$ | Total Claim 0.0 0.0 0.0 Total Claim | 00 00 00 00 |
| Add the Ane amounts of unsecured claims rt 1 6b. 6c. 6d. 6e. 6f. | f certain types of unsecured claim. Domestic support obligations Taxes and certain other debts Claims for death or personal i Other. Add all other priority unse | you owe the government njury while you were intoxicated ecured claims. Write that amount here. | 6a. 6b. 6c. 6d. | \$ \$ \$ | Total Claim 0.0 0.0 0.0 0.0 | 00 00 00 00 |
| Add the Ane amounts of unsecured classins rt 1 6b. 6c. 6d. | f certain types of unsecured claim. Domestic support obligations Taxes and certain other debts Claims for death or personal i Other. Add all other priority unse | you owe the government njury while you were intoxicated ecured claims. Write that amount here. | 6a. 6b. 6c. 6d. | \$ \$ \$ \$ | Total Claim 0.0 0.0 0.0 Total Claim | 00 00 00 00 |

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Debtor 2 Steven C Keys Norma J Keys Case number (if know)

6h. Debts to pension or profit-sharing plans, and other similar debts
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
6j. Total Nonpriority. Add lines 6f through 6i.
6j. \$ 26,033.55

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-----------|-----|
| Debtor 1 | Steven C Keys | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Norma J Keys | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | SOUTHERN DISTRICT | OF IOWA | |
| Case number | | | | |
| (if known) | | | | □ C |
| | | | | aı |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with Name, Number | whom you have the c , Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| | | | | | |

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| | | Docume | nt Page 28 d | of 51 | |
|---|--|--|--|--|--|
| Fill in this inform | nation to identify your | case: | | | |
| Debtor 1 | Steven C Keys | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Norma J Keys | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court for the: | SOUTHERN DISTRICT | OF IOWA | | |
| Case number | | | | | |
| (if known) | | | | Г | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | _ | |
| Official Fo | rm 106H | | | | |
| Schedule | H: Your Cod | ebtors | | | 12/15 |
| | | | | | |
| our name and ca | ase number (if known) | you are filing a joint case, o | | to this page. On the top of any as a codebtor. | |
| ■ Na | | | | | |
| ■ No □ Yes | | | | | |
| □ res | | | | | |
| | | | | ry? (Community property states | and territories include |
| Arizona, Calif | fornia, Idaho, Louisiana | , Nevada, New Mexico, Pu | erto Rico, Texas, Wash | ington, and Wisconsin.) | |
| ■ No. Go to I | line 3. | | | | |
| _ | | use, or legal equivalent live | with you at the time? | | |
| • | | | · | | |
| in line 2 agai | in as a codebtor only i Schedule E/F (Officia | f that person is a guaran | tor or cosigner. Make | r if your spouse is filing with youre you have listed the credit 166). Use Schedule D, Schedul | tor on Schedule D (Official |
| | 1: Your codebtor | ID O. I | | Column 2: The creditor to | |
| Name, Nu | umber, Street, City, State and Z | IP Code | | Check all schedules that ap | оріу: |
| 3.1 | | | | ☐ Schedule D. line | |
| Name | | | | | |
| | | | | ☐ Schedule G, line | |
| Number | Street | | | _ | |
| City | Ollock | State | ZIP Code | | |
| | | | | | |
| 3 2 | | | | □ Schodulo D. lino | |
| Name | | | | | |
| | | | | | |
| | 04 | | | | |
| Number City | Street | State | ZIP Code | | |
| in line 2 again Form 106D), out Column Summer Number City Name Number | in as a codebtor only i Schedule E/F (Officia 2. | If that person is a guarant Form 106E/F), or Sched | tor or cosigner. Make ule G (Official Form 10 ZIP Code | Sure you have listed the credit DGG). Use Schedule D, Schedule D, Schedule Column 2: The creditor to Check all schedules that ap | tor on Schedule D le E/F, or Schedul whom you owe th |

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| | in this information to it | | | | | | | | | | |
|-------------------|--|-------------------------------|--|------------------------|-----------|------|----------------|--------------|--------------------------|------------------------|----------|
| Del | btor 1 S | Steven C Ke | ys | | | _ | | | | | |
| 1 | btor 2 Nouse, if filing) | lorma J Ke | /S | | | | | | | | |
| Uni | ited States Bankruptcy | Court for the | SOUTHERN DISTRIC | T OF IOWA | | | | | | | |
| (If ki | se number nown) | | | | | | | | ed filing ent showing | g postpetitior | |
| 0 | fficial Form 1 | <u>061</u> | | | | | Ī | MM / DD/ Y | YYYY | | |
| S | chedule I: Yo | our Inc | ome | | | | | | | | 12/1 |
| spo atta Pa | use. If you are separate heet to be separate sheet to the separate sheet sheet to the separate sheet | ated and you to this form. | are married and not filir r spouse is not filing wi On the top of any addition | th you, do not inclu | de infor | mati | on abou | t your spo | ouse. If mo | ore space is | needed, |
| 1. | Fill in your employs information. | ment | | Debtor 1 | | | | Debtor 2 | 2 or non-fi | ling spouse | |
| | If you have more tha | | Employment status | ☐ Employed | | | ☐ Empl | oyed | | | |
| | attach a separate pa | • | Employment status | ■ Not employed | | | ■ Not employed | | | | |
| | employers. | | Occupation | Retired | | | | Retired | <u> </u> | | |
| | Include part-time, se self-employed work. | | Employer's name | | | | | | | | |
| | Occupation may incl or homemaker, if it a | | Employer's address | | | | | | | | |
| | | | How long employed the | nere? | | | | _ | | | |
| Pai | rt 2: Give Detail | ls About Mor | thly Income | | | | | | | | |
| | imate monthly incomuse unless you are sep | | ate you file this form. If y | you have nothing to re | eport for | any | line, writ | e \$0 in the | space. Inc | clude your no | n-filing |
| | ou or your non-filing spe e space, attach a sepa | | ore than one employer, co | embine the information | n for all | empl | oyers for | that perso | on on the li | nes below. If | you need |
| | | | | | | | For De | btor 1 | | otor 2 or ng spouse | |
| 2. | | | ry, and commissions (be calculate what the monthly | | 2. | \$ | | 0.00 | \$ | 0.00 | - |
| 3. | Estimate and list m | onthly overt | me pay. | | 3. | +\$ | | 0.00 | +\$ | 0.00 | - |
| 4 | Calculate gross inc | ome Add lin | ne 2 + line 3 | | 4 | \$ | | 0.00 | \$ | 0.00 | |

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| Debtor 1 Debtor 2 | Steven C Keys Norma J Keys | _ | Case | number (<i>if known</i>) | | | | |
|----------------------|--|-----------|--------|----------------------------|--------|--------------------|----------------|------------------|
| | | | For | Debtor 1 | | ebtor 2 ling sp | | |
| Co | py line 4 here | 4. | \$ | 0.00 | \$ | | 0.00 | _ |
| 5. Li s | st all payroll deductions: | | | | | | | |
| 5a | | 5a. | \$ | 0.00 | \$ | | 0.00 | |
| 5b | • | 5b. | \$- | 0.00 | \$ | | 0.00 | _ |
| 5c | | 5c. | \$ | 0.00 | \$ | | 0.00 | _ |
| 5d | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | | 0.00 | _ |
| 5e | Insurance | 5e. | \$ | 0.00 | \$ | | 0.00 | _ |
| 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | | 0.00 | |
| 5g | | 5g. | \$ | 0.00 | \$ | | 0.00 | _ |
| 5h | Other deductions. Specify: | 5h.+ | \$ | 0.00 | + \$ | | 0.00 | _ |
| 6. A c | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$ | | 0.00 | _ |
| 7. C a | Iculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | | 0.00 | _ |
| 8. Li s 8a | st all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 337.50 | \$ | 1 | 37.50 | |
| 8b | • | 8b. | \$_ | 0.00 | \$ | | 0.00 | _ |
| 8c | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | nt 8c. | \$ | 0.00 | \$ | | 0.00 | = |
| 8d | | 8d. | \$_ | 0.00 | \$ | | 0.00 | _ |
| 8e | | 8e. | \$ | 1,914.00 | \$ | 4 | 61.00 | _ |
| 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | ce 8f. | \$ | <u> </u> | \$ | - | 0.00 | _ |
| 8g | | — 8g. | \$ | 726.19 | \$ | | 60.43 | _ |
| 8h | | 8h.+ | · · | | + \$ | | 0.00 | _ |
| 9. A c | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 2,977.69 | \$ | 1, | 258.9 | _ |
| | Iculate monthly income. Add line 7 + line 9. d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | - 2 | 2,977.69 + \$ | 1,25 | 8.93 | = \$ | 4,236.62 |
| 11. St Indoorli | ate all other regular contributions to the expenses that you list in Schedul clude contributions from an unmarried partner, members of your household, you ler friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no ecify: | ır depen | | | | hedule | | 0.00 |
| W | d the amount in the last column of line 10 to the amount in line 11. The relite that amount on the Summary of Schedules and Statistical Summary of Certiplies | | | | | 12. | \$ | 4,236.62 |
| 10 5 | you expect an increase or decrease within the year after you file this forn | m? | | | | | Combine month! | ned ly income |

| | | | | | | _ | | | |
|------------|-------------------------------|------------------------------------|---------------------------|--|--|-------------------|-----------------|-----------|-------------------------------|
| Fill | in this informa | tion to identify yo | our case: | | | | | | |
| Deb | otor 1 | Steven C Ke | ys | | | Ch | eck if this is: | | |
| | | | | | | | An amend | ed filing | |
| | otor 2 | Norma J Key | /S | | | | | | wing postpetition chapter |
| (Spo | ouse, if filing) | | | | | | 13 expens | es as of | the following date: |
| Unit | ed States Bankr | ruptcy Court for the | : SOUTH | ERN DISTRICT OF IOWA | \ | | MM / DD / | YYYY | |
| 1 | e number | | | | | | | | |
| (If k | nown) | | | | | | | | |
| O | fficial Fo | rm 106J | | | | | | | |
| | | J: Your | Fyner | 1808 | | | | | 12/1 |
| Be info | as complete a | and accurate as | s possible. eded, atta | If two married people ar ch another sheet to this | | | | | or supplying correct |
| Par | | ribe Your House | hold | | | | | | |
| 1. | Is this a joir | | | | | | | | |
| | □ No. Go to | | | | | | | | |
| | | es Debtor 2 live | ın a separa | ate nousehold? | | | | | |
| | ■ N | - | -+ 4:1- 04:-: | al Farra 400 L O. Farrana | for Comprete House | - h - l - l - f D | - h-t " O | | |
| | ⊔ Y | es. Deptor 2 mus | st file Offici | al Form 106J-2, <i>Expenses</i> | s for Separate House | enoia of De | eptor 2. | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependage | dent's | Does dependent live with you? |
| | Do not state | the | | | | | | | □ No |
| | dependents | | | | | | | | ☐ Yes |
| | | | | | | | | | □ No |
| | | | | | - | | | | ☐ Yes |
| | | | | | | | | | □ No |
| | | | | | | | | | ☐ Yes |
| | | | | | | | | | □ No |
| 3. | Do vour ext | oenses include | _ | M | | | | | ☐ Yes |
| 0. | expenses of | f people other t d your depende | han 🗖 | No Yes | | | | | |
| D | | | | | | | | | |
| Par | | ate Your Ongoi | | y Expenses uptcy filing date unless y | ou are using this fo | orm as a | supplement | in a Cha | anter 13 case to report |
| exp | penses as of a plicable date. | a date after the l | bankruptc | y is filed. If this is a supp | olemental Schedule | J, check | the box at t | he top o | of the form and fill in the |
| | • | • | , | government assistance i | • | | | | |
| (Of | ficial Form 10 |)6I.) | | | | - | Y | our exp | enses |
| 4. | | or home owners | | ses for your residence. I r lot. | nclude first mortgag | e 4. | \$ | | 812.96 |
| | If not includ | led in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | | | 0.00 |
| | • | • | | ipkeep expenses | | 4c. | | | 25.00 |
| | | owner's associat | | | | 4d. | · | | 0.00 |
| 5 | Additional r | nortgage payme | ents for vo | our residence, such as ho | me equity loans | 5 | S | | 0.00 |

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| Debtor Debtor | | Case number (if kno | own) |
|------------------|---|---|---|
| . U | Itilities: | | |
| 6 | a. Electricity, heat, natural gas | 6a. \$ | 198.21 |
| 61 | b. Water, sewer, garbage collection | 6b. \$ | 74.50 |
| 6 | c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 242.00 |
| 6 | d. Other. Specify: | 6d. \$ | 0.00 |
| F | ood and housekeeping supplies | 7. \$ | 866.67 |
| С | childcare and children's education costs | 8. \$ | 0.00 |
| C | Slothing, laundry, and dry cleaning | 9. \$ | 0.00 |
| | ersonal care products and services | 10. \$ | 0.00 |
| | ledical and dental expenses | 11. \$ | 568.40 |
| | ransportation. Include gas, maintenance, bus or train fare. | · | |
| | o not include car payments. | 12. \$ | 125.00 |
| 3. E | intertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 12.50 |
| l. C | haritable contributions and religious donations | 14. \$ | 0.00 |
| 5. I n | nsurance. | | |
| | to not include insurance deducted from your pay or included in lines 4 or 20 | | |
| | 5a. Life insurance | 15a. \$ | 74.90 |
| 1 | 5b. Health insurance | 15b. \$ | 114.02 |
| 1 | 5c. Vehicle insurance | 15c. \$ | 0.00 |
| | 5d. Other insurance. Specify: Auto/Life | 15d. \$ | 165.00 |
| S | axes. Do not include taxes deducted from your pay or included in lines 4 or pecify: | 20. | 0.00 |
| | nstallment or lease payments: | | |
| | 7a. Car payments for Vehicle 1 | 17a. \$ | 151.00 |
| | 7b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| | 7c. Other. Specify: | 17c. \$ | 0.00 |
| | 7d. Other. Specify: | 17d. \$ | 0.00 |
| | our payments of alimony, maintenance, and support that you did not | | 0.00 |
| | educted from your pay on line 5, Schedule I, Your Income (Official For | | |
| | Other payments you make to support others who do not live with you. | \$ | 0.00 |
| | pecify: | 19. | |
| | Other real property expenses not included in lines 4 or 5 of this form on 0a. Mortgages on other property | on <i>Schedule I: Your Inco.</i> 20a. \$ | <i>m</i> e. 611.34 |
| | Ob. Real estate taxes | 20a. \$ 20b. \$ | - |
| | | 200. \$ 20c. \$ | 0.00 |
| | Oc. Property, homeowner's, or renter's insurance | · | 0.00 |
| | 0d. Maintenance, repair, and upkeep expenses | 20d. \$ | 30.00 |
| | 0e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| . 0 | Other: Specify: | 21+\$ | 0.00 |
| 2. C | alculate your monthly expenses | | |
| | 2a. Add lines 4 through 21. | \$ | 4,071.50 |
| 2 | 2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form | 106J-2 \$ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | 2c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 4,071.50 |
| ~ | 20. Add and 220. The foods to your monthly expenses. | | 4,071.30 |
| | alculate your monthly net income. | | |
| 2 | 3a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 4,236.62 |
| 2 | 3b. Copy your monthly expenses from line 22c above. | 23b\$ | 4,071.50 |
| | | | |
| 2 | 3c. Subtract your monthly expenses from your monthly income. | 00 - | 165.12 |
| | The result is your monthly net income. | 23c. \$ | 105.12 |
| Fo m | To you expect an increase or decrease in your expenses within the year or example, do you expect to finish paying for your car loan within the year or do you conditionation to the terms of your mortgage? | | to increase or decrease because of a |
| | No. | | |
| | T ∨es Explain here: | | |

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| Fill in this inform | nation to identify your | case: | | | | | |
|------------------------------------|--|--|---|------------------------------|--|--|--|
| Debtor 1 | Steven C Keys | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | Norma J Keys | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Bar | nkruptcy Court for the: | SOUTHERN DISTRICT | OF IOWA | | | | |
| Case number _ | | | | | | | |
| (if known) | | | | | Check if this is an | | |
| | | | | a | amended filing | | |
| You must file this obtaining money | s form whenever you fi | ile bankruptcy schedules n connection with a bank | nsible for supplying correct i or amended schedules. Mak ruptcy case can result in find | king a false statement, conc | ealing property, or comment for up to 20 | | |
| Sign | n Below | | | | | | |
| Did you pay | y or agree to pay some | one who is NOT an attori | ney to help you fill out bankr | uptcy forms? | | | |
| ■ No | | | | | | | |
| ☐ Yes. N | lame of person | | | | h Bankruptcy Petition Preparer's Notice, aration, and Signature (Official Form 119) | | |
| | Ity of perjury, I declare e true and correct. | that I have read the sumi | mary and schedules filed wit | h this declaration and | | | |
| X /s/ Stev | ven C Keys | | X /s/ Norma J Ke | ys | | | |
| | C Keys | | Norma J Keys | _ | | | |
| Signatur | e of Debtor 1 | | Signature of Debt | or 2 | | | |
| Date C | October 10, 2018 | | Date October | 10 2018 | | | |

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| Fil | l in this inforr | nation to identify your | case: | | | | |
|--|---|---|--|---|---|---|--|
| De | btor 1 | Steven C Keys | | | | | |
| | | First Name | Middle Name | Last Name | | | |
| | btor 2 buse if, filing) | Norma J Keys First Name | Middle Name | Last Name | | | |
| | | | | | | | |
| Un | ited States Ba | nkruptcy Court for the: | SOUTHERN DISTRICT (| OF IOWA | | | |
| | se number _ nown) | | | | - | Check if this is an mended filing | |
| St | | of Financial | | duals Filing for B | | 4/16 | |
| info nun | ormation. If m | ore space is needed, n). Answer every ques | attach a separate sheet to tion. | this form. On the top of an | equally responsible for sup y additional pages, write you | | |
| Pa | rt 1: Give D | etails About Your Ma | rital Status and Where You | Lived Before | | | |
| 1. | What is you | r current marital statu | s? | | | | |
| | ■ Married □ Not man | ried | | | | | |
| 2. | During the la | ast 3 vears. have vou | ived anywhere other than | where vou live now? | | | |
| ■ No □ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | Idress: | Dates Debtor 2 lived there | |
| 3. stat | | | | | ity property state or territory ico, Texas, Washington and W | | |
| | ■ No | | | | | | |
| | _ | ake sure you fill out Sch | edule H: Your Codebtors (O | fficial Form 106H). | | | |
| | | | | | | | |
| Pa | rt 2 Explai | n the Sources of You | Income | | | | |
| 4. | Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. | | | | | | |
| | □ No | | | | | | |
| | _ | in the details. | | | | | |
| | | | Debtor 1 | | Debtor 2 | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | |
| For last calendar year: (January 1 to December 31, 2017) | | | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | \$29,579.00 | |
| | | | ☐ Operating a business | | ■ Operating a business | | |

Official Form 107

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Debtor 1 Steven C Keys
Debtor 2 Norma J Keys

Case number (if known)

| | | | — Operating a business | | |
|--|--|---|--|---|--|
| | ☐ Operating a business | | Operating a business | | |
| For the calendar year before that: (January 1 to December 31, 2016) | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | \$37,358.00 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | |
| | Debtor 1 | | Debtor 2 | | |
| | | | | | |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

□ No

Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|---|--------------------------------------|--|--------------------------------------|---|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Retirement Income | \$7,261.90 | Retirement Income | \$4,604.30 |
| | Social Security Benefits | \$19,140.00 | Social Security Benefits | \$4,610.00 |
| | Rental Income | \$4,275.00 | Rental Income | \$4,275.00 |
| For last calendar year: (January 1 to December 31, 2017) | Retirement Income | \$8,714.00 | | |
| | Social Security Benefits | \$28,859.00 | Social Security Benefits | \$6,769.00 |
| | Rental Income | \$6,000.00 | Rental Income | \$6,000.00 |
| For the calendar year before that: (January 1 to December 31, 2016) | Retirement Income | \$8,714.00 | | |
| | Social Security Benefits | \$28,781.00 | Social Security Benefits | \$6,750.00 |
| | Rental Income | \$6,000.00 | Rental Income | \$6,000.00 |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of 6,425 or more?

☐ No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

^{*} Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Case 18-02231-als7 Doc 1 Filed 10/11/18 Entered 10/11/18 08:46:19 Desc Main Page 36 of 51 Document Debtor 1 Steven C Keys Debtor 2 Norma J Keys Case number (if known) Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... still owe paid Mr. Cooper 7/2018 \$2,438.88 \$65,621.85 Mortgage **Attn: Customer Relations** 6/2018 ☐ Car PO Box 619098 5/2018 ☐ Credit Card Dallas, TX 75261-9741 ☐ Loan Repayment ☐ Suppliers or vendors □ Other Mr. Cooper 7/2018 \$1.834.02 \$42.627.26 ■ Mortgage **Attn: Customer Relations** 6/2018 ☐ Car PO Box 619098 5/2018 ☐ Credit Card Dallas, TX 75261-9741 ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address Dates of payment** Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment Include creditor's name paid still owe Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

Official Form 107

No

Case title

Case number

☐ Yes. Fill in the details.

Court or agency

Nature of the case

Status of the case

Case 18-02231-als7 Doc 1 Filed 10/11/18 Entered 10/11/18 08:46:19 Page 37 of 51 Document Steven C Keys Debtor 1 Debtor 2 Norma J Keys Case number (if known) 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. П Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? ☐ Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of

Official Form 107

Address

Statement of Financial Affairs for Individuals Filing for Bankruptcy

transferred

page 4

or transfer was

made

Person Who Made the Payment, if Not You

Email or website address

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Debtor 1 Steven C Keys Debtor 2 Norma J Keys

Case number (if known)

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Description and value of any property transferred | | Date payment or transfer was made | Amount of payment | | | |
|---|---|---|--|-------------------|---|---|--|
| | Moore McKibben Goodman & Lorenz LLP 26 South First Avenue, Ste 302 Marshalltown, IA 50158 sheitmann@marshalltownlaw.com | st Avenue, Ste 302 n, IA 50158 | | 7/13/2018 | \$1,200.00 | | |
| | 001 Debtorcc, Inc. 378 Summit Ave Jersey City, NJ 07306 | cccs | | | 10/4/2018 | \$25.00 | |
| | Within 1 year before you filed for bankruptcy promised to help you deal with your credito Do not include any payment or transfer that you | rs or to make payments | | alf pay or | transfer any prope | rty to anyone who | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address Description and value of any property transferred Date payment or transfer was made | | | | | Amount of payment | |
| | Within 2 years before you filed for bankrupte transferred in the ordinary course of your be include both outright transfers and transfers mainclude gifts and transfers that you have alread in No Yes. Fill in the details. | usiness or financial affa ade as security (such as t | nirs? he granting of a securi | | | | |
| | Person Who Received Transfer Address | | | | ny property or received or debts hange | Date transfer was made | |
| | Person's relationship to you D J Rentals Cooperative 1916 Cooper Ave Marshalltown, IA 50158 None | 612 W Linn Stre \$28,000 | eet \$ | 3,000 aft | er costs | 5/11/2018 | |
| 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which yo beneficiary? (These are often called asset-protection devices.) ■ No □ Yes. Fill in the details. | | | | | | of which you are a | |
| | Name of trust | Description and v | Description and value of the property transfer | | d | Date Transfer was made | |
| Par | t 8: List of Certain Financial Accounts, Ins | struments, Safe Deposit | Boxes, and Storage | Units | | | |
| | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage | | | | | | |
| | houses, pension funds, cooperatives, associations, and other financial institutions. No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | clos | e account was sed, sold, ved, or sferred | Last balance before closing or transfer | |

Case 18-02231-als7 Doc 1 Filed 10/11/18 Entered 10/11/18 08:46:19 Desc Main Page 39 of 51 Document Debtor 1 Steven C Keys Debtor 2 Norma J Keys Case number (if known) Last 4 digits of Name of Financial Institution and Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or moved, or transfer transferred XXXX-**Lennox Employees Credit Union** \$100.00 September 2017 Checking 1004 E. Main Street □ Savings Marshalltown, IA 50158 ☐ Money Market □ Brokerage □ Other 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Describe the contents Who else had access to it? Do you still Address (Number, Street, City, Address (Number, Street, City, State and ZIP Code) have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) have it? to it? Address (Number, Street, City, State and ZIP Code) Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. П Value Owner's Name Where is the property? Describe the property (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

| ■ No □ Yes. Fill in the details. | | | |
|--|--|-----------------------------------|----------------|
| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |

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Debtor 1 Steven C Keys Debtor 2 Norma J Keys

Case number (if known)

| 25. | Hav | e you notified any governmental unit of | any relea | se of ha | azardous mater | rial? | | | | | |
|---|--|---|--------------------------------------|----------------------------------|-----------------------------------|------------------------|--|----------------------|------------------------|------------|--------------------|
| | | No | | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Add | | ntal unit umber, Street, City, | State and | | Environme know it | ntal law, if yo | u | Date of notice |
| 26. | Hav | e you been a party in any judicial or adı | ministrativ | e proce | eding under ar | ny envir | onm | nental law? | Include settle | ements a | nd orders. |
| | | No Yes. Fill in the details. | | | | | | | | | |
| | | se Title se Number | Nar Add | | umber, Street, City, | | Nati | ure of the c | ase | | Status of the case |
| Part | 11: | Give Details About Your Business or | Connection | ons to A | any Business | | | | | | |
| 27. | With | nin 4 years before you filed for bankrup | tcy, did yo | u own a | a business or h | nave any | of t | the followir | ng connection | ns to any | business? |
| | | ☐ A sole proprietor or self-employed | in a trade, | profess | sion, or other a | ctivity, e | eithe | er full-time | or part-time | | |
| | | ☐ A member of a limited liability comp | oany (LLC | or limi | ted liability par | tnership | p (Ll | LP) | | | |
| | | ☐ A partner in a partnership | | | | | | | | | |
| | | ☐ An officer, director, or managing ex | ecutive of | a corpo | oration | | | | | | |
| ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | | | | |
| | | No. None of the above applies. Go to | applies. Go to Part 12. | | | | | | | | |
| | Yes. Check all that apply above and fill in the details below for each business. | | | | | | | | | | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | | Describe the nature of the business | | | | Identification | | | | |
| | | | Name of | Name of accountant or bookkeeper | | | Do not include Social Security number or ITIN. | | | | |
| | | ,,,, | nume of uccountaint of positive poli | | | Dates business existed | | | | | |
| | | rma Keys OS 9th St | Daycar | е | | | | EIN: | 26-1577492 | ? | |
| | | rshalltown, IA 50158 | | | | | | From-To | 2005 - Octo | ber 201 | 7 |
| | | nin 2 years before you filed for bankrup itutions, creditors, or other parties. | tcy, did yo | u give a | a financial state | ement to | o an | yone about | your busines | ss? Includ | de all financial |
| | | No | | | | | | | | | |
| | | Yes. Fill in the details below. | | | | | | | | | |
| | | ne dress nber, Street, City, State and ZIP Code) | Date Iss | ued | | | | | | | |
| Part | 12: | Sign Below | | | | | | | | | |
| are t with | rue a a ba | ad the answers on this <i>Statement of Fin</i> and correct. I understand that making a inkruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571. | false stat | ement, d | concealing pro | perty, o | r ob | taining mo | | | |
| /s/ \$ | Stev | ren C Keys | | /s/ Nor | ma J Keys | | | | | | |
| | | C Keys | | | J Keys | | | | | | |
| Sigi | nature of Debtor 1 | | | Signature of Debtor 2 | | | | | | | |
| Date |) (| October 10, 2018 | | Date | October 10, | 2018 | | | | | |
| ■ N | 0 | attach additional pages to <i>Your Statem</i> | ent of Fina | ncial A | ffairs for Indivi | iduals Fi | iling | for Bankru | <i>ıptcy</i> (Official | Form 10 | 7)? |
| ☐ Yo | | rm 107 Staten | nent of Fina | ncial Affa | airs for Individua | ıls Filina 1 | for B | Bankruptcv | | | page |

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Debtor 1
Debtor 2

Steven C Keys
Debtor 2

Norma J Keys

Case number (if known)

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of Person

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

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| Fill in this information to identify your case: | | | | | | |
|---|---------------|-------------------|-----------|--|-----------------------|--|
| Debtor 1 | Steven C Keys | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Norma J Keys | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | | SOUTHERN DISTRICT | OF IOWA | | | |
| Case number | | | | | ☐ Check if this is an | |
| | | | | | amended filing | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|--|---|---|
| Creditor's Lennox Employees Credit Union name: | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of property securing debt: 2011 Subaru Forester 50000 miles Location: 210 S 9th St, Marshalltown IA 50158 | ■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]: | ■ Yes |
| Creditor's Mr. Cooper name: | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of property securing debt: 210 S 9th St Marshalltown, IA 50158 Marshall County | ■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]: | Yes |
| Creditor's Mr. Cooper | Surrender the property. | ■ No |
| name: Description of property 614 W Linn St Marshalltown, IA 50158 Marshall County | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ☐ Yes |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Debtor 2 | Steven C Keys Norma J Keys | | Case number (if known) | |
|---------------------------------------|--|-------------|--|-----------------------------------|
| securir | ng debt: | | | _ |
| or any un the info | List Your Unexpired Personal Property Leases nexpired personal property lease that you listed in S ormation below. Do not list real estate leases. Unexp assume an unexpired personal property lease if the | ired leases | are leases that are still in effect; the | e lease period has not yet ended. |
| Describe | your unexpired personal property leases | | | Will the lease be assumed? |
| _essor's i Descriptio Property: | on of leased | | | □ No □ Yes |
| _essor's i Descriptio | on of leased | | | □ No |
| _essor's ı | name: on of leased | | | ☐ Yes ☐ No |
| _essor's ı | name: on of leased | | | ☐ Yes ☐ No ☐ Yes |
| _essor's i Descriptio Property: | on of leased | | | □ No □ Yes |
| _essor's i Descriptio Property: | on of leased | | | □ No □ Yes |
| _essor's i Descriptio Property: | on of leased | | | □ No |
| | Sign Below | ontion show | it any property of my entate that are | |
| | nalty of perjury, I declare that I have indicated my int that is subject to an unexpired lease. | ะแนบแ สม0เ | at any property of my estate that se | cures a debt and any personal |
| | Steven C Keys | X | /s/ Norma J Keys | |
| | ven C Keys nature of Debtor 1 | | Norma J Keys Signature of Debtor 2 | |

Date

Date

October 10, 2018

October 10, 2018

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-02231-als7 Doc 1 Filed 10/11/18 Entered 10/11/18 08:46:19 Desc Main Document Page 48 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Iowa

| In re | Steven C Keys Norma J Keys | | | | Case No. | | |
|----------|-------------------------------|---------|--|--|-----------------------------|-----------------------|--------------------|
| | | | | Debtor(s) | Chapter | 7 | |
| | DIS | CLO | OSURE OF COMPI | ENSATION OF ATTO | ORNEY FOR D | EBTOR(S) | |
| cc | ompensation paid to | me w | within one year before the fil | 6(b), I certify that I am the attorning of the petition in bankrupton of or in connection with the b | cy, or agreed to be paid | I to me, for service | |
| | | | | | | 1,200.00 | |
| | | | | 1 | | 1,200.00 | |
| | Balance Due | | | | \$ | 0.00 | |
| 2. \$_ | 335.00 of the | filing | g fee has been paid. | | | | |
| 3. T | he source of the con | npens | sation paid to me was: | | | | |
| | Debtor | | Other (specify): | | | | |
| 4. T | he source of compe | nsatio | on to be paid to me is: | | | | |
| | Debtor | | Other (specify): | | | | |
| 5. | I have not agreed | l to sh | nare the above-disclosed com | npensation with any other person | on unless they are men | nbers and associate | es of my law firm. |
| | | | | sation with a person or person ames of the people sharing in t | | | ny law firm. A |
| 6. II | n return for the abov | ve-dis | sclosed fee, I have agreed to | render legal service for all aspe | ects of the bankruptcy | case, including: | |
| b. c. | Preparation and fi | iling o | of any petition, schedules, sta lebtor at the meeting of credit | dering advice to the debtor in datement of affairs and plan white tors and confirmation hearing, | ich may be required; | - | ankruptcy; |
| 7. B | | | | ee does not include the following ary proceedings and othe | | ptcy matters. | |
| | | | | CERTIFICATION | | | |
| | | | is a complete statement of a | ny agreement or arrangement i | for payment to me for i | representation of the | he debtor(s) in |
| Oc | tober 10, 2018 | | | /s/ Sean K. Heit | mann | | |
| Da | te | | | Sean K. Heitma Signature of Attor | | | |
| | | | | Moore McKibbe | en Goodman & Lore | enz LLP | |
| | | | | 26 South First A Marshalltown, I | Avenue, Ste 302 IA 50158 | | |
| | | | | (641) 752-4271 | Fax: (641) 752-526 | | |
| | | | | sheitmann@ma Name of law firm | arshalltownlaw.con | 1 | |

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United States Bankruptcy Court Southern District of Iowa

| In re | Norma J Keys | | Case No. | | |
|-------|---|---|----------|---|--|
| | | Debtor(s) | Chapter | 7 | |
| | <u>VER</u> | IFICATION OF MASTER ADDR ON PAPER (CREDITOR MATE | | | |
| | | r penalty of perjury that I (we) have | | | |
| | List (creditor matrix), consisting of pages, and that it is true and correct to the best of m | | | | |
| | (our) knowledge, information | on, and belief. | | | |
| | | | | | |
| Date: | October 10, 2018 | /s/ Steven C Keys | | | |
| | | Steven C Keys | | | |
| | | Signature of Debtor | | | |
| Date: | October 10, 2018 | /s/ Norma J Keys | | | |
| | | Norma J Keys | | | |
| | | Signature of Debtor | | | |

VER_MTRX (Rev. 04/00)

Steven C Keys

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Mary Greeley Medical Center P.O. Box 863 Ames, IA 50010-0863

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Mr. Cooper Attn: Customer Relations PO Box 619098 Dallas, TX 75261-9741

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